

**STATE ETHICS COMMISSION**

1001 Bishop Street, Pacific Tower 970
P.O. Box 616, Honolulu, Hawaii 96809
Telephone: 587-0460 FAX: 587-0470

GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: Lynn Donovan		STATE POSITION: Pharmacy Consultant
STATE AGENCY: Department of Human Services, Med-QUEST Division		STATE TEL NO.: 692-8116
STATE MAILING ADDRESS: P.O. Box 700190, Kapolei, HI 96709-0190		

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
Western Medicaid Pharmacy Administrators Association	Hotel accommodations, meals, ground transportation R/T airfare: Jackson Hole, WY - Honolulu	9/15/02	\$1,872.00	
National Medicaid Pharmacy Administrators Association	Hotel accommodations, meals, ground transportation R/T airfare: San Francisco, CA - Honolulu	8/2/02	1,543.00	
Affiliated Computer Services Annual Symposium	Hotel accommodations, meals, ground transportation R/T airfare: Chapel Hill, NC - Honolulu	5/2/03	1,813.00	

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